



MARLENE HERNANDEZ

License Number: ACN386

Data As Of 7/20/2025

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| Profession | Area of Critical Need Medical Doctor |
| License | ACN386 |
| License Status | Clear/Active |
| License Expiration Date | 1/31/2026 |
| License Original Issue Date | 05/02/2011 |
| Address of Record | 14000 NW 41st Street SOUTH FLORIDA RECEPTION CENTER-MAIN UNIT DORAL, FL 33178 |
| Controlled Substance Prescriber (for the Treatment of Chronic Non- malignant Pain) | Yes |
| Discipline on File | No |
| Public Complaint | No |

Secondary Locations

Address

19000 SW 377 STREET HOMESTEAD CORRECTIONAL INST.
FLORIDA CITY, FL 33034

Address

1900 SW 377 STREET DADE CORRECTIONAL INST.
FLORIDA CITY, FL 33034

Address

6901 STATE ROAD 62 HARDEE CORRECTIONAL INST.
BOWLING GREEN, FL 33834

Address

13910 NW 41ST ST. SOUTH FL RECEPTION CENTER
DORAL, FL 33178

Address

33123 OIL WELL ROAD CHARLOTTE CORRECTIONAL INSTITUTION
PUNTA GORDA, FL 33955

Address

7031 SW 62ND AVENUE LARKIN COMMUNITY HOSPITAL
SOUTH MIAMI, FL 33143

Address

13617 SW HIGHWAY 70 DESOTO CORRECTIONAL INST.
ARCADIA, FL 34266

Address

3420 NE 168 STREET OKEECHOBEE CORRECTIONAL INST.
OKEECHOBEE, FL 34972

Address

1150 SW ALLAPATTAH ROAD MARTIN CORRECTIONAL INST.
INDIANTOWN, FL 34956

Address

1599 SW 187 AVENUE EVERGLADES CORRECTIONAL INST.
MIAMI, FL 33194

Discipline/Admin Action

Emergency Actions

No Emergency Actions Found

Discipline Cases

No Discipline Found

Public Complaints

No Public Complaint Found

If a link does not appear for the case number, we do not have a scanned copy of the final order available in our database. To obtain a paper copy, please contact Public Records by clicking the link below:

[Discipline Public Records Request](#)

You may also contact Public Records by telephone at (850) 245-4252, option 4 or by written correspondence at:
Division of Medical Quality Assurance
Public Records
4052 Bald Cypress Way, Bin C01
Tallahassee, FL 32399-3251

Please include the following:

1. Full name and license number of the practitioner;
2. Name and address where documents are to be sent; and
3. If you require certification of the documents, a \$25 fee will be charged, in addition to the duplicating charges. Certification of the requested records will not be done unless specifically requested. An invoice will be sent to you and payment will be expected within thirty days. Upon receipt of payment, material will be sent to you.

Supervising Practitioners

| Name | Relationship | Profession | Effective License Date |
|---------------------------|--------------------------------|--------------------------------|------------------------|
| GOOD NEWS CARE CENTER | AREA OF CRITICAL NEED FACILITY | MEDICAL RELATED PROCESS ENTITY | 11/10/2020 |
| LARKIN COMMUNITY HOSPITAL | AREA OF CRITICAL NEED FACILITY | MEDICAL RELATED PROCESS ENTITY | 12/27/2020 |

Click on the License Number to view License Details for that Practitioner

Subordinate Practitioners

| Name | Relationship | Profession | License | Effective Date |
|--------------------|---------------------------------|---------------------|---------|----------------|
| RE MOLINA, LIGIA M | PRESCRIBING PHYSICIAN ASSISTANT | PHYSICIAN ASSISTANT | 9100838 | 6/23/2023 |

Click on the License Number to view License Details for that Practitioner

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